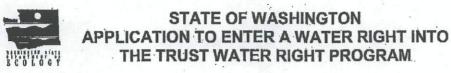
RECEIVED

MAR 17 2010



DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

NOTE: THIS FORM IS ONLY TO BE USED FOR THE ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.) Lease Purchase Donation Other Explain: Portion of the Identified existing water right IF FOR SEASONAL OR TEMPORARY, START DATE 3 END DATE 12/3	31/12	FILE NOCSY-070S DATE ACCEPTED D FEE \$ D CHECK No. L SEPA: D Exempt	0 3 2010 BY 2010 REC'D 03 17 2010	
1. Applicant Information:				
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO. (509) 5458949	
ADDRESS COLLAND	0	(509) 539729	אוספוכ ועבו טו	
7021 W Argent	Kd	7	TIN GODS	
CITY Pasco		STATE	21P CODE 9930 1-1982	
· · · · · · · · · · · · · · · · · · ·				
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.	
ADDRESS				
CUDY	<u> </u>	Larra	Laur cons	
CITY		STATE	ZIP CODE	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE	O, PROVIDE OWNE			54-338 UH-5
ARE WATER DIVERSIONS WITH DRAWALS OF THIS WAT			☐ YES M(NO AST FIVE YEARS	
Please attach copies of any documentation the was established. Also, if you have a water sy application.				
SUB 31 RIGHLAND				
CKL 0705 F	OR OFFICE US	EONLY		
WATER RIGHT NO.	FILE (con	itract) NO.		
ECY 070-54 (06/05)	1		Application to Enter a Water Right in the Trust Water Right Progra	

C54-0705CTCL 3631@3

Alteration in method of div Alteration in method of del Alteration in method of wa Alteration in type of crop Name of funding source(s):	livery/c	-		☐ Non	use of or	e or more	Irrigated ac points of di		
Alteration in type of crop Name of funding source(s): NATER RIGHT DESC		olicatio	n						
Name of funding source(s):	RIP			Oth	er, Explai	or a portion	n of the na	med water rig	ht
WATER RIGHT DESC	RIP					n below:			
	RIP				1] .
. Point(s) of Dive				awal					
A. Existing	19101	1/ 441	uidi	avvai.					
SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARC	EL#	WELL TAG#
Vakima River				23	ION	2TEUM			
Innamed Stream				23	ION	27EUM			
MINGINGER SIFERIN				-	1014	ALCU-II.			
A. Existing Use of the W		Righ		GPM or CF	S ACI	RE-FT/YR		PÉRIOD OF US) E
Irrigation				0.780		10	March	1 to Bate	
7				3,1301		10	The state of the s	1 to Oct	
		•		-			Tranca.	1 000	
					1.		<u> </u>		
3. Proposed Purpose of	f the	Trust	Wat	er Righ	t:				
ESCRIBE THE PURPOSE(S) OF US	E DURI	NG THE	PERIO	D OF TRUS	ST:				
	P	URPOS	E OF U	SE			•	ACRE-FEET/Y	R
		0 444	eni	for	3is	h Ru	15	120	
n Stream Enha	na	K W							
n Stream Enha	na	e m							-
	no	e m			•				•
. Place of Use:	no	Z W			•				
. Existing:							· · · · · · · · · · · · · · · · · · ·		
Place of Use:					ERE WATE	R IS PRESE	NTLY USED;		0 01 0
. Place of Use:					ERE WATE	R IS PRESE	NTLY USED:	ing east	of the C
Place of Use:	AL DESC				ERE WATE	A sau	NTLY USED:	ing east	of the C

[&]quot;If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED						
Valerma River						
1						
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			F 7	1 1 1 1		

7. Remarks and Other Relevant Information:

We leased this property from Joseph Teal in approximately
15 yes before surchasing this property in 1998

The sour devient injection so hip we do not read this
water currently and have had little cooperator from
the Benton Conservation District to get a meter metallich,

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265.

The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

(Applicant)
(Applicant)
(Date)

3 1 D 1 10
(Date)

IMPORTANTI APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

ADDITIONAL SIGNATURES REQUIRED SECTION IS INCOMPLETE

OTHER/EXPLANATION:

BYAFF:

DATE:

DATE:

DATE: